

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012065

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 167

STATE FILE NUMBER

FILED APR 11 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Independence

Length of stay in 1b
19 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

1708 So. Claremont

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Independence

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1708 Claremont

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

HAROLD ANTONE WILLIMANN

4. DATE OF DEATH

April 5, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-12-1916

9. AGE (last birthday)

47

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Switchman

11. KIND OF BUSINESS OR INDUSTRY

Sheffield Steel

12. BIRTHPLACE (City and state or country)

Swiss, Missouri

13. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Antone Williman

13b. MOTHER'S MAIDEN NAME

Anne Himes

14. NAME OF HUSBAND OR WIFE

Mabel Willimann

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WW II

16. SOCIAL SECURITY NO.

Mabel Willimann, 1708 S. Claremont

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Nicotene Poisoning

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Victim apparently drank Black Leaf 40 Bug Spray

20c. TIME OF INJURY

Hour 3:00 p.m. Month, Day, Year 4/5/63

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

1708 S. Claremont

20f. CITY, TOWN, OR LOCATION

Independence

COUNTY

Jackson

STATE

Missouri

21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Dr. R. K. Kelly, M.D.

22b. ADDRESS

6627 Pleasant St. S. O. S.

22c. DATE SIGNED

4-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-7-63

23c. NAME OF CEMETERY OR CREMATORY

Stony Hill Cemetery

23d. LOCATION (City, town, or county)

Stony Hill, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Sheil Funeral Home, Kansas City, Mo. 4-7-63

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

5/9/63

5/9/63

3

4

5

6

7

8

10

11

1290-3

1310

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Pending Lab. Exam.

18a Nicotene Poisoning

20a-f Suicide? Victim apparently drank Black Leaf 40 Bug Spray

1708 S. Claremont

Indep. Mo.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Coroner

USE BLACK INK OR TYPEWRITER RIBBON

JUL 23 1963
MAY 3 1963

APR 12 1963

APR 23 1963

NOV 6 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Thomas A. Shul

Licensed Embalmer No. 4954

P. O. Address K. C. Mc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.